

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-8827		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.			
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 05 12 16		DAY THUR	TIME: MILITARY 2115				
CRASH OCCURRED ON 544 E Main St, Lebanon, OH 45036					WITHIN THE INTERSECTION OF								
IF NOT IN INTERSECTION					(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE		
LOG 1					LOG 2						LOC JUR FH9 FILT		
A UNIT NO.		NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS			HIT & RUN NON CONTACT	INSURANCE CO OR AGENT	USAA
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) McLagan, Joshua					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2471 N. US 42, Lebanon, OH 45036								
PHONE NO. (513) 374-8661		BIRTH DATE m y		AGE 17		SEX M		SOCIAL SECURITY NO.			STATE OH	DRIVER'S LICENSE NO. UK636439	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) McLagan, Rob					ADDRESS 2471 N. US 42, Lebanon, OH 45036						PHONE (513) 478-4516		
VEH YR 2001		MAKE Dodge		MODEL Ram 2500		COLOR Black		STYLE TK		STATE OH	LICENSE PLATE NO. FZB3674	TOWING SERVICE	VEH/PED DIR FROM E TO W
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8 UNIT NO.		2		NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON-CONTACT	INSURANCE CO. OR AGENT Motorist Mutual Ins.
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Smith, Russell					ADDRESS 2993 Hart Rd., Lebanon, OH 45036					PHONE (513) 616-4477			
VEH YR 2003		MAKE Ford		MODEL Ranger		COLOR Tan		STYLE TK		STATE OH	LICENSE PLATE NO. GAH7839	TOWING SERVICE	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES			
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS		PHONE		SEX							
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE						CONDITION	
		ADDRESS		PHONE		SEX						A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
		ADDRESS		PHONE		SEX							
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL			
D E F		INJURED TAKEN TO		By						A B C D E F			
A B C		INJURED TAKEN TO		By						A B C D E F			
D E F		INJURED TAKEN TO		By						A B C D E F			
A		ORC CITY ORC		OFFENSE CHARGED AND DESCRIPTION				A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			
O		ORC CITY ORC		OFFENSE CHARGED AND DESCRIPTION				A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
RECEIVED CALL 1114		DISPATCHED 1116		ARRIVED 1121		CLEARED 1146		OTHER TIME		TOTAL MINUTES 32			
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		EJECTION			
M D Y		YES NO		T. Cooper		125				A B C D E F			
										1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			
										A B C D E F			
										1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			